



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIMIGRAINE AGENTS, OTHER PA SUMMARY**

| Preferred | Non-Preferred |
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| Ajovy fremanezumab-vfrm Emgality 120 mg (galcanezumab-gnlm) Ubrelvy (ubrogepant) | Aimovig (erenumab-aooe) Emgality 100 mg (galcanezumab-gnlm) Nurtec ODT (rimegepant) Reyvow (lasmiditan) |

LENGTH OF AUTHORIZATION: Initial: 3 months; Renewal: 1 year

PA CRITERIA:

Aimovig

- ❖ Approvable for members 18 years of age or older when used as prophylactic (preventative) treatment in members with a diagnosis of episodic migraine headaches who are experiencing at least 4 migraine days per month and have experienced inadequate response, allergies, contraindications, drug- drug interactions or intolerable side effects with at least one medication from each of the three following classes: anticonvulsants (i.e., divalproex, valproate/valproic acid, topiramate), antidepressants (i.e., amitriptyline, venlafaxine) and beta blockers (i.e., metoprolol, propranolol, timolol) as well as with Ajovy and Emgality.
- ❖ Approvable for members 18 years of age or older when used as prophylactic (preventative) treatment in members with a diagnosis of chronic migraine headaches who are experiencing at least 15 headache days per month for at least 3 months, with at least 8 migraine days per month, and have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least one medication from each of the three following classes: anticonvulsants (i.e., divalproex, valproate/valproic acid, topiramate), antidepressants (i.e., amitriptyline, venlafaxine) and beta blockers (i.e., metoprolol, propranolol, timolol) as well as with Ajovy and Emgality.
- ❖ Must be prescribed by or in consultation with a neurologist or pain specialist.

Ajovy

- ❖ Approvable for members 18 years of age or older when used as prophylactic (preventative) treatment in members with a diagnosis of episodic migraine headaches who are experiencing at least 4 migraine days per month and have experienced inadequate response, allergies, contraindications, drug- drug interactions or intolerable side effects with at least one medication from two of the following classes: anticonvulsants (i.e., divalproex, valproate/valproic acid, topiramate), antidepressants (i.e., amitriptyline, venlafaxine) and beta blockers (i.e., metoprolol, propranolol, timolol).
- ❖ Approvable for members 18 years of age or older when used as prophylactic (preventative) treatment in members with a diagnosis of chronic migraine headaches who are experiencing at least 15 headache days per month for at least 3 months, with at least 8 migraine days per month, and have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least one medication from two of the following classes: anticonvulsants (i.e., divalproex, valproate/valproic acid, topiramate), antidepressants (i.e., amitriptyline, venlafaxine) and beta blockers (i.e., metoprolol, propranolol, timolol).
- ❖ Must be prescribed by or in consultation with a neurologist or pain specialist.



Emgality

- ❖ Approvable for members 18 years of age or older when used as prophylactic (preventative) treatment in members with a diagnosis of episodic migraine headaches who are experiencing at least 4 migraine days per month and have experienced inadequate response, allergies, contraindications, drug- drug interactions or intolerable side effects with at least one medication from two of the following classes: anticonvulsants (i.e., divalproex, valproate/valproic acid, topiramate), antidepressants (i.e., amitriptyline, venlafaxine) and beta blockers (i.e., metoprolol, propranolol, timolol).
- ❖ Approvable for members 18 years of age or older when used as prophylactic (preventative) treatment in members with a diagnosis of chronic migraine headaches who are experiencing at least 15 headache days per month for at least 3 months, with at least 8 migraine days per month, and have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least one medication from two of the following classes: anticonvulsants (i.e., divalproex, valproate/valproic acid, topiramate), antidepressants (i.e., amitriptyline, venlafaxine) and beta blockers (i.e., metoprolol, propranolol, timolol).
- ❖ Approvable for members 18 years of age or older when used as treatment in members with a diagnosis of episodic cluster headaches who are experiencing at least one attack every other day to 8 attacks per day and have experienced at least two cluster periods lasting from seven days to one year (when untreated) and separated by pain-free remission periods of three months or more, and have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with verapamil and glucocorticosteroid.
- ❖ Must be prescribed by or in consultation with a neurologist or pain specialist.

Nurtec ODT and Reyvow

- ❖ Approvable for members 18 years of age or older when used as acute treatment in members with a diagnosis of migraines who have experienced inadequate response, allergies, contraindications, drug-to-drug interactions or intolerable side effects to at least two preferred triptans and Ubrelvy.
- ❖ Must be prescribed by or in consultation with a neurologist or pain specialist.

Ubrelvy

- ❖ Approvable for members 18 years of age or older when used as acute treatment in members with a diagnosis of migraines who have experienced inadequate response, allergies, contraindications, drug-to-drug interactions or intolerable side effects to at least two triptans.
- ❖ Must be prescribed by or in consultation with a neurologist or pain specialist.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.